

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		11/2/00
O.I.P.E. CLASSIFIER		49	11/7/00
FORMALITY REVIEW	MA	830	11/24/00
RESPONSE FORMALITY REVIEW	ym	651	5/11/01

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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